## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P04000087962

1. Entity Name PARI AND NIL, INC



**FILED** Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

167 W. PLANT STREET WINTER GARDEN, FL 34787 1397 N. LAKEWOOD AVENUE OCOEE, FL 34761



## DO NOT WRITE IN THIS SPACE

04102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1208021

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, ATUL 1816 LOCKSHYRE LOOP OCOEE, FL 34761

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ting	\$5.00 May Be Added to Fees 04/28/	U00000508746^M 06-80019-001 150.00^M
10. TITLE	OFFICERS AND DIRECT	TORS			,
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, ATUL 1816 LOCKSHYRE LOOP OCOEE, FL 34761				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director					

of the corporation or the receiver or supplemental report in side and accurate and that my signature snating we the same legal effect as in made under our that an office or the order or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06